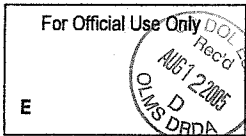


# FORM LM-30

## LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

|  |   |
|--|---|
| 1. File Number U - <u>5761</u>   | 2. Fiscal Year Covered From:<br><u>01/01/04</u> Through: <u>12/31/04</u>  |
| 3. Name and address of person filing.<br>Name <u>RICHARD PETERSON</u><br><br>P.O. Box, Bldg., Room No., if any<br><br>Street <u>3316 SUMNER AVE. S.</u><br>City <u>ST. LOUIS PARK</u><br>State <u>MN.</u> ZIP Code + 4 <u>55426 4002</u> | 4. Name, file number, and address of labor organization.<br>Name <u>LAKE &amp; PLAINS REGIONAL</u><br><u>COUNCIL OF CARPENTERS</u><br>Labor Organization File Number <u>528543</u><br><br>P.O. Box, Building and Room Number, if any<br><br>Street <u>700 OLIVE ST</u><br>City <u>ST. PAUL</u><br>State <u>MN.</u> ZIP Code + 4 <u>55101-4405</u> |
| 5. Position in labor organization. <u>DIRECTOR OF FIELD OPERATION</u>  |   |

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

|  |  |
|--|--|
| A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent. |  |
| 6. Name and address of Employer (including trade name, if any).<br>Name<br>Trade Name, if any: <u>N/A.</u><br>P.O. Box, Bldg., Room No., if any<br>Street<br>City<br>State ZIP Code + 4  | 7.a. Nature of Interest, Transaction, or Income.<br><u>N/A</u><br>7.b. Amount.<br><u>N/A</u> |

### Signature

|  |   |
|--|---|
| 15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.) |   |
| Signed <u>[Signature]</u>  | On <u>08-08-05</u> <u>952-938-1649</u><br>Date Telephone Number |

Name of Person Filing

RICHARD PETERSON

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name AAA Mpls. GALLERIA

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 3452 GALLERIA

City EDINA

State MN.

55435-4216  
ZIP Code + 4

9. Business deals with:

a. Labor Organization

b. Trust

c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

11.a. Nature of such dealing.

Council TRAVEL Arrangements

11.b. Approximate dollar value of such dealing. \$50,638

12.a. Nature of interest held or income received.

WIFE Income Working  
for AAA

12.b. Amount.

\$38,931

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State

ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer

or Consultant

?

14.b. Amount of payment.

|   |                       |
|---|-----------------------|
| Name of Person Filing <u>RICHARD PETERSON</u> | File Number <u>U-</u> |
|---|-----------------------|

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

|  |  |
|--|--|
| <p>8. Name and address of Business (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p>   | <p>9. Business deals with:</p> <p style="margin-left: 40px;">a. Labor Organization</p> <p style="margin-left: 40px;"><u>b. Trust</u></p> <p style="margin-left: 40px;">c. Employer</p>   |
| <p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name <u>WILSON MCSHANE</u></p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any <u>SUITE 500</u></p> <p>Street <u>3001 METRO DR</u></p> <p>City <u>Bloomington</u></p> <p>State <u>IN.</u> <u>55425-</u> ZIP Code + 4 _____</p> | <p>11.a. Nature of such dealing.</p> <p><u>TWO GOLF EVENTS</u><br/> <u>- Mpls BUILDING TRADE DOLLARS AGAINST</u><br/> <u>DIABETES</u><br/> <u>BILL PETERSON SCHOLARSHIP GOLF</u><br/> <u>TOURNAMENT</u></p> <p>11.b. Approximate dollar value of such dealing. <u>\$200</u></p> <p>12.a. Nature of interest held or income received.</p> <p><u>FRINGE FUND ADMINISTRATOR</u></p> |
| <p>12.b. Amount. <u>200</u></p>  |  |

|   |  |
|---|--|
| <p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>   |  |
| <p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name _____</p> <p>Trade Name, if any: _____</p> <p>P.O. Box, Bldg., Room No., if any _____</p> <p>Street _____</p> <p>City _____</p> <p>State _____ ZIP Code + 4 _____</p> | <p>14.a. Nature of payment.</p> <p>_____</p> |
| <p>13.b. Is the Business an Employer or Consultant ?</p>  | <p>14.b. Amount of payment.</p>              |